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ABSTRACT

Program evaluation guidelines are drawn from experience evaluating residential child-care programs at the Starr Commonwealth Schools (Michigan). Delinquent and behaviorally disadvantaged youth participate in treatment based on the Psychoeducational Model (Brendtro and Ness), including full-time school, service learning projects, physical education and recreation, and outdoor adventure challenges. Performance criteria for the program are needed to obtain public and private funding, maintain accountability, and improve decision making. For the Starr schools, some of these criteria address treatment completion rate, average achievement gains, terminations due to truancy, and rates of productivity and/or re-arrest after release. Evaluation is often conducted by child-care workers or administrators rather than professional evaluators, but any good evaluation plan should have, as prerequisites, clear administrative sanction, good access to staff, and thorough understanding of the organization's missions and goals. Evaluators should also: (1) establish a specific evaluation model; (2) adopt professional standards; (3) identify all evaluation purposes; (4) create credibility through staff feedback; (5) create useability through timely feedback; (6) pilot all instruments and data collection techniques; (7) train staff in interpreting findings; and (8) remain flexible. (LPG)

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EVALUATION '86: WHAT HAVE WE LEARNED?

LESSONS LEARNED FROM EVALUATING RESIDENTIAL CHILD CARE PROGRAMS

PRESENTED

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LESSONS LEARNED FROM EVALUATING RESIDENTIAL CHILD CARE PROGRAMS

WHAT IS RESIDENTIAL CHILD CARE?

It is an unfortunate circumstance in our society that there are large numbers of children who are unable to thrive in their own homes. There are a number of reasons for this situation. First, some children are born with such profound mental or physical handicaps that their families are unable to provide the care necessary for day-to-day survival and growth and development. There are other children whose emotional and psychological demands are beyond the scope of the family and home. Still there are others who are removed from the home because of the trauma of abuse or neglect. Finally, there are children and youth who have histories of delinguent and very disturbed behavior that make living in the home an impossibility.

In the field of out-of-home care, there are a number of alternatives for children experiencing the types of difficulties just outlined. While some children thrive and grow in foster or adoptive settings, many children need a more restrictive environment where all of their needs are met. This latter type of placement is referred to as residential care. Residential care is provided to the physically and mentally handicapped as well as to the delinguent and behaviorally disturbed. In very serious cases of disturbance, psychiatric hospitals serve as the residence. A child in residential care has all of his/her needs met by the institution, be they physical, emotional, educational, or religious.

For the purposes of this paper, residential care is care provided to a specific population of youth, namely delinquent and behaviorally disturbed youth, for whom home is no longer a viable alternative for living. It should be noted that while maladaptive behavior is the primary reason for placement into residential care, these clients also display a number of other serious problems. In the population in care at The Starr Commonwealth Schools, one-third have been victims of physical or sexual abuse or neglect. One-third are habitual users of alcohol and marijuana. Nearly half have been identified as special education students with severe basic skills deficiencies. Two-thirds were chronic truants in school and over half have been expelled or suspended from school. On the average these youth have been in three other out-of-home placements before coming to Starr. These characteristics apply to a population whose average age is 14; very few of these children come from an intact family setting. The reason for their placement at Starr varies, but is most frequently the result of extremely disruptive behavior at home or

in the community. This behavior ranges from incorrigibility to the more serious crimes of assault, burglary, larceny, and vandalism.

THE TREATMENT MODALITY

Obviously, the children and youth that come into residential care have a wide variety of critical needs. They've usually experienced very unstable family situations, frustrations in the educational setting, and disturbed behavior in the community. The program to provide treatment to such clients must be comprehensive in its approach to meeting the many and varied needs that are evident.

Of course, there are a wide variety of treatment modalities which are used to treat such youth. Many agencies use behavior modification as a technique. Others use intensive individual and family therapy as interventions. There are many more. At the Starr Commonwealth Schools, we use what is referred to as the Psychoeducational Model (Brendtro and Ness, 1983). Within this model, a total loving, living, and learning environment is created in an effort to treat the child and return him/her to the home and community. That environment is created by providing a wide variety of group experiences for the child. These experiences are clearly delineated in Figure 1, on the following page.

While both the child and family receive individual and family counseling as one of the intervention strategies, the treatment modality in which the child in residence exists in one of the group. The power of peers is guided in such a way as to take on a positive influence in addressing the needs of each individual within the group. Under the guidance of a treatment team of professionals, youth challenge and help each other in their efforts to address their own personal and family problems. In doing so, it is hoped they learn to value themselves, to value others, and to understand that wanting to help others is an attribute, not a weakness.

Within this context, youth have a broad base of experiences while in residence. They go to school full time, right on location. They engage in service learning projects, such as visiting nursing homes, working with preschoolers, etc., to build confidence and caring. They participate in a wide variety of physical education and recreational activities to rechannel their energy. Youth also have the opportunity to participate in outdoor adventure challenges (such as rock climbing, or caving) to build upon the group process, instill a sense of trust in the group, and faciliate working on problems. In essence, every need

FAMILY PARTICIPATION
RELATIONSHIP BUILDING

SERVICE LEARNING
THROUGH HELPING OTHERS

ACADEMIC/VOCATIONAL
TRAINING

VISUAL ARTS/CRAFTS

OUTDOOR ADVENTURE
EDUCATION

INDIVIDUAL
GROWTH

LIVING, LOVING, AND
LEARNING ENVIRONMENT

ENVIRONMENTAL
APPRECIATION

CREATIVE
DRAMATICS

PHYSICAL EDUCATION
AND RECREATION

MUSIC APPRECIATION
AND PARTICIPATION

PEER GROUP
COUNSELING

SPIRITUAL AWARENESS
AND DEVELOPMENT

Figure 1. The Approach to Treatment in Residential Care at The Starr Commonwealth Schools

the child has is addressed within the treatment modality, with the focus on returning the child to his/her home as quickly as possible.

THE NEED FOR PROGRAM EVALUATION

To professional program evaluators, the need for program evaluation is obvious. To many program administrators, the use of program evaluation may seem logical. However, for the most part, the field of residential care is beginning to focus on evaluation because of the issue of accountability. It seems that economics, at the national, state, and local level, are forcing funding agencies to ask the question: what are we getting for our money?

That question, in some cases, has been translated into performance criteria. In other words, the funding agency, in its contracts with residential care facilities, has indicated that a certain level of organizational "performance" be maintained in order for referrals to be maintained. Very clearly, the message is that certain standards of performance must be met to receive funding. Examples of these criteria are shown in Table 1, on the following page.

It must be made clear that these variables DO NOT define what quality residential treatment is. Rather, these standards reflect more the economic pressure that is on funding agencies to get as many youth into placement as quickly as possible with the highest possibility for planful termination of treatment. Nevertheless, the standards put residential care facilities in the position of having to respond to performance standards for the first time, and, in many cases, without input from the residential care agencies as to what those standards ought to be. An obvious response to this pressure lies in program evaluation, which puts agencies in a position to monitor the performance standards as well as address other measures of program outcomes.

An additional pressure on child-caring agencies, especially privately funded organizations, is the need to raise money for on-going program operation. This need puts the organizational focus on "marketing" one's product. In this context, the private donor, be it a single donor or a foundation or corporation, is beginning to look for indicators of program success. The private donation is seen, in many cases, as an investment, and the investor is interested in how productive the organization is. Here, a full description of the type of client served and some data about how the organization delivers its treatment services is the kind of information evaluation can generate.

TABLE 1

CONTRACT PERFORMANCE STANDARDS

INDICATOR	STANDARD
Treatment completion rate	85%
Percent of population who will complete treatment within 11 months	50%
Average educational achievement gain to be made in one year	1.2
Tolerance level of terminations due to truancy	15%
Tolerance of re-arrest rate within 3 months of release	21%
Productivity rate within 3 months of release	62%
Tolerance of re-arrest rate within 12 months of release	42%

At The Starr Commonwealth Schools, the focus of evaluation is on improved decision-making. While the pressures to respond to accountability measures and marketing needs are evident, the initial intent in implementing program evaluation was to improve the delivery of service to clients. Within this context, Stufflebeam's CIPP model (Stufflebeam, 1971) of evaluation has been adapted to evaluating residential care and other types of out-of-home placement programs. It is the professional opinion of the author that while organizations may begin evaluation to respond to accountability and marketing needs, program evaluation will be maintained in the long term because of its ability to facilitate the decision-making process.

THE CLIMATE FOR IMPLEMENTING EVALUATION

The climate in the child-caring field of residential care is not unlike the climate in the educational setting when program evaluation was first implemented. First, it seems there are very few professional evaluators who evaluate residential care. It is more often the case that a good child care worker or administrator has simply had evaluation attached to his/her job

description. The danger here, obviously, is that the evaluator is a professional trained in treatment, not evaluation. There are some who would argue that the evaluator must have some treatment background. That argument will be addressed momentarily.

A second observation about the climate within the field is an observation that has been made about the educational field as well. In education, many administrators used to be our best teachers. The trend, it seems, is to promote the best teacher into a management position, often with little experience or training to manage. The same seems too often to be true in the child care field. It seems that our best child care workers become administrators, with little formal training or experience in terms of management. This trend makes the professional evaluator's position more difficult.

Yet another issue that must be addressed within the field is the use of computer technology to facilitate the evaluation process. While the computer hardware is available, the application of current software to the field of residential care is slow in coming to realization. This is complicated by the fact that many of the administrators and managers in the field have not had exposure to the use of computers beyond those afforded in the area of financial applications. Because of the need to continually raise funds to support much of the work that's done in residential care, computer applications which facilitate fund-raising are seen as more critical than are evaluation applications.

One last observation about the climate in the field of residential care is one that's been heard before, in other fields of endeavor. There seems to be a prevalent attitude in the field that one can't measure the effects of residential care. This attitude becomes evident in such comments as: you can't measure what's inside of someone; an achievement test doesn't tell you what a child really knows; external behavior doesn't indicate what a person really believes; and so on. It seems the problem really is founded in the field's inability or unwillingness to define just what residential care is and what impact such care is suppose to have. The pressure by funding agencies to meet performance standards is challenging this kind of thinking and forcing agencies to begin to define what their service is and how it ought to affect the client.

PREREQUISITES FOR INITIATING PROGRAM EVALUATION

The first crucial prerequisite for implementing program evaluation is administrative sanction of the activity. This needs to be clarified. In the field of education, with the advent of the entitlement funding from the federal government, there came with grant funding, the requirement for a project evaluation. This is NOT the administrative sanction to which the reference was made. Rather, it is critically important that the board and administrative team have set program evaluation as a priority. And, with that priority comes the necessary resources to implement comprehensive evaluation. While the sanction of the evaluation may come because of the accountability pressures, it is the belief of the author that once evaluation is undertaken, the focus of the activity can take on significant meaning in terms of how information impacts decision-making.

A second critical requirement for implementation of program evaluation is ready access to staff at all levels. This is important for a number of reasons. First, if the evaluator is not trained in the realm of residential care treatment, access to staff can provide the evaluator with the perspective of the program necessary to evaluate it. Secondly, understanding that evaluation is new to the field, access to staff can help the evaluator to facilitate their understanding of evaluation and how it fits into the treatment program. The evaluator must be able to address the anxiety staff will feel about evaluation, whether that anxiety is based upon misperceptions or simple lack of information about the purpose and use of evaluation. Thirdly, access to staff can help the evaluator to establish credibility with staff. As staff interact with the evaluator, there will come an understanding that the evaluator and staff share a common goal: a well implemented, effective treatment program.

Yet another prerequisite to implementing comprehensive program evaluation is an in-depth understanding of the organization's mission and goals. This requirement poses two potential problems. It would not be unusual to find that many human service agencies simply don't have specific goals. Secondly, if goals are specified, the issue becomes the extent to which the staff understand what those goals are. In any event, the evaluator must come to understand those goals (perhaps even facilitate the development of goals) before a truly appropriate evaluation design can be developed.

SOME LESSONS FOR GETTING STARTED

Evaluation at The Starr Commonwealth Schools, in its present context, has been in existence for three years. While there have been efforts made previous to this point, the organizational commitment and the necessary resources for evaluation are only a recent development. There are a number of critical lessons that have been learned in this short period of time that are offered here for others who are faced with the need to do program evaluation in the human services field.

ESTABLISH A SPECIFIC MODEL for implementing evaluation within the organization. Doing so will facilitate the evaluator's ability to be specific with staff about the purpose and use of evaluation and its relationship to their roles in the treatment program. Also, using a specific model lends itself well to training administrators and staff about evaluation.

ADOPT PROFESSIONAL STANDARDS for implementing program evaluation. At The Starr Commonwealth Schools, the Standards for Evaluation of Educational Programs, Projects, and Materials (The Joint Committee on Standards for Educational Evaluation, 1981) have been adapted to the field of residential care. These standards are used to train staff and administrators as to what quality evaluation is and how it ought to be used within the organization.

IDENTIFY ALL OF THE PURPOSES OF EVALUATION early on to make the evaluation as practical as possible. It has been the experience of this author that as staff see the value of evaluation and its relationship to decision-making, evaluation takes on new purposes. It is important to respond to as many purposes and needs as possible within the evaluation design while remaining sensitive to interruptions of the treatment program that evaluation can sometimes cause.

CREATE EVALUATION CREDIBILITY by using staff committees for feedback about the evaluation. It is important to balance the perspective of the professional evaluator with that of the professional staff. By using the advisory committee as a tool, the evaluator not only taps the knowledge base of the staff, but s/he established professional credibility with the staff. It is critical within the context of that committee structure that staff understand their role is to give feedback about treatment issues and evaluation implementation while the evaluator is responsible for evaluation design. Of course, the use of staff committees in this manner requires staff training, as indicated previously.

CREATE EVALUATION USEABILITY by providing feedback in a timely fashion. In the field of residential care, this is particularly crucial. Our clients are in our care 24 hours a day. The treatment interventions are intense and changes within treatment and within the client take place more quickly than in programs that are less intense in nature. Thus, the need for evaluation information to reach staff as soon as possible.

PILOT ALL INSTRUMENTS AND DATA COLLECTION TECHNIQUES to test for suitability to the target population. As an example, consider that all of the youth in residence at The Starr Commonwealth are identified as Special Education students. Obviously, there are some achievement tests, for example, which may not be appropriate for such a homogeneous population. Another example which demonstrates the point is that certain data collection techniques may have to be modified, such as reading a survey instrument to the child (in essence, interviewing) rather than having the child complete the instrument by hand.

TRAIN STAFF on how to interpret findings. It has been this author's experience that many staff in the residential care field lack experience in reading information and analyzing it for meaning. Even the most basic reports and data may seem very straightforward to the evaluator; however, those same reports may very well be a new experience for staff and require some explanation for staff to get the full impact of the data.

REMAIN FLEXIBLE and adjust evaluation projects as needed. As an example, even after piloting an instrument, an evaluator may find that upon implementation, the instrument is not capturing the full impact of the program. Or, perhaps, the focus of the program has changed and the instrument is no longer valid. The point is that the evaluator ought not hesitate to make whatever changes are necessary to facilitate reliable and valid measurement. It has been this author's experience that as data are provided, staff want more information. This may require making changes in data collection procedures or reporting features of the information management system. Again, to continue to build evaluation credibility and useability, one needs to remain open to making changes as they are appropriate.

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